PRINTED: 12/15/2014 FORM APPROVED

Indiana State Department of Health

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				3) DATE SURVEY COMPLETED	
	000189	B. WING		12/0	8/2014	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
AMERICAN VILLAGE 2026 E 54TH ST INDIANAPOLIS, IN 46220						
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD	ILD BE COMPLETE		
000 INITIAL COMMENTS		R 000				
American Village Assisted Living was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey.						
Marshall, RN.	eted 12/10/14 by Brenda					
	SUMMARY ST. (EACH DEFICIENC REGULATORY OR I INITIAL COMMENTS American Village Ass in compliance with 41 the State Residential Quality review comple	ODUIS9 ROVIDER OR SUPPLIER STREET ADD 2026 E 54T INDIANAPO SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS American Village Assisted Living was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey. Quality review completed 12/10/14 by Brenda	DENTIFICATION NUMBER: A. BUILDING: B. WING B. WING COULDER OR SUPPLIER N VILLAGE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A. BUILDING: B. WING 2026 E 54TH ST INDIANAPOLIS, IN 46220 PREFIX TAG INITIAL COMMENTS R 000 American Village Assisted Living was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey. Quality review completed 12/10/14 by Brenda	DEFORMED IDENTIFICATION NUMBER: A. BUILDING:	DEFICIENCY IDENTIFICATION NUMBER: A. BUILDING:	

Indiana State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE